9-05-00

PART B-ISSUE FEE TRANSMIT

Complete and mail this form, together w.c. applicable fees, to:

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231



NF4

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 Note: The certificate of mailing below can only be used for domestic through 4 should be completed where appropriate. All further correspondence including the Issue Fee mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Certificate of Mailing maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class 024739 LMC1/0823 mail in an envelope addressed to the Box Issue Fee address above on CENTRAL COAST PATENT AGENC the date indicated below. PO BOX 187 AROMAS CA 95004 (Date) APPLICATION NO. **FILING DATE** TOTAL CLAIMS **EXAMINER AND GROUP ART UNIT** DATE MAILED 09/175,871 10/19/98 010 HARRELL, R 2758 08/23/00 KIKINIS, 35 USC 154(b) O Days. First Named term Applicant METHOD AND APPARATUS FOR CONFIGURATION OF AN TITLE OF INTERNET APPLIANCE INVENTION 09706/2000 DTESSEM2 00000016 09175871 605.00 OP 02 FC:561 30.00 OP ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY **FEE DUE** DATE DUE P1570 2 709-220.000 R05 UTILITY YES \$605.00 11/24/00 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for Advance Order - # of Copies. filing an assignment. (A) NAME OF ASSIGNEE 4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER Please check the appropriate assignee category indicated below (will not be printed on the patent) (ENCLOSE AN EXTRA COPY OF THIS FORM) Issue Fee individual individual Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection

of information unless it displays a valid OMB control number.